

June 29, 2015 Via Overnight Delivery

2600 Maitland Center Pkwy.

Suite 300

Maitland, FL 32751

P.O. Drawer 200

Winter Park, FL

32790-0200

Tel: 407-740-8575

Fax: 407-740-0613

www.tminc.com

Ms. Jocelyn Boyd South Carolina Public Service Commission 101 Executive Center Dr. Columbia, SC 29210

RE:

Budget PrePay, Inc

SC Copy of FCC Form 481 - Carrier Annual Reporting

Docket No. 2014-14-C (Low Income)

Dear Ms. Boyd:

Enclosed please find a copy of the SC Copy of FCC Form 481 - Carrier Annual Reporting, filed on behalf of Budget PrePay, Inc. No check is enclosed as there are no remittance fees due.

This report has also been emailed to eford@reg.staff.sc.gov.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Craig Neeld

Compliance Reporting Specialist

cc:

Lakisha Taylor - Budget PrePay, Inc

file:

Budget PrePay, Inc - Reporting - South Carolina

CN/ab

ÉCC Form 481 - Carrier Annual		1 1 1 1 1 1 1 1 1	QMB Control N	ios 306020988/jÖjMB Control No. 3060-0819
<010> Study Area Code		249009		
<015> Study Area Name	1	Budget PrePay, I	Inc.	
<020> Program Year		2016		
<030> Contact Name: Person l with questions about thi		Lakisha Taylor		
<035> Contact Telephone Num Number of the person io	ber: lentified in data line <030>	3186715000 ext.		
<039> Contact Email Address: Email of the person iden	tified in data line <030>	lakishat@budget <u>;</u>	orpay.com	
Noted on the Second Sec	· My Section Section 18 10		Hall	54.313 54.422
AÑNŮAL ŘEPÔŘŤÍŃĜ FŐR AĽL	GARRIËRS,	me a Charles and 1.8	To still for a new or street stilling a	Completion Completion Required (check box when complete)
<100> Service Quality Improven	nent Reporting		(complete attached worksheet)	WITTEN
<200> Outage Reporting (voice)			(complete attached worksheet)	
<210>	✓ < check box if no centre of the cen	outages to report		TITIES
<310> Detail on Attempts (voice	e)			
			(attach desc	triptive document)
<320> Unfulfilled Service Reque	ests (broadband)			
<330> Detail on Attempts (broa	dband)			
			(attach des	scriptive document)
<400> Number of Complaints p	per 1,000 customers (voice)			
<410> F	ixed 0.0			→
	Mobile 0.0	2nd\		
	per 1,000 customers (broadba]		
Constan Osselles Chandre	Mobile Is & Consumer Protection Ru	los Complianso		
<500> Service Quality Standard	is a Consumer Protection Ru	les Compliance	(check to indicate certification)	L
<510>			(attached descriptive document)	
			151.551.55	<u> </u>
<600> Functionality in Emerger 249009sc610.pdf	ncy Situations		(check to indicate certification)	<u> </u>
			(attached descriptive document)	
<610>				
<700> Company Price Offering	s (voice)		(complete attached worksheet)	
<710> Company Price Offering	•		(complete attached worksheet)	
<800> Operating Companies as	\sim		(complete attached worksheet)	The second
<900> Tribal Land Offerings (Y/ <1000> Voice Services Rate Com			(if yes, complete attached worksheet)	
Total Del Vices Nate Coll				
<1010>			(attach descriptive document)	
<1100> Certify whether terrestr	ial backhaul options exist (Ye	es or No)	(if not, check to indicate certification)	
<1110>			(complete attached worksheet)	
<1200> Terms and Condition for	r Lifeline Customers		(complete attached worksheet)	
Price Cap Carriers, Proce	ed to Price Cap Additional D	ocumentation W	orksheet	
Including Rate-of-Return <2000>	rn Carriers affiliated with Pric	e Cap Local Excha	ange Carriers (check to indicate certification)	THEFT
<2005>			(complete attached worksheet)	
•	Proceed to ROR Additional D	Occumentation W	-	******
<3000> <3005>			(check to indicate certification) (complete attached worksheet)	

46	្រឹប្រce Quality-ព្រាំprovement Reporting។ lleជុំtion Form	4	FCC-Form 481 OMB ControllNo. 3060-0986/OMB(ControllNo. 3060-0819 - July 2013
<010>	Study Area Code	249009	
<015>	Study Area Name	Budget PrePay, Inc.	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprpay.com	
<110>	Has your company received its ETC certification from the FCC?	(yes/no) O C)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O)
<112>	voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	э-үеаг	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How much (USF) was used to improve service quality and how support was used to impro	ove service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to imp		
<117>	How much (USF) was used to improve service capacity and how support was used to improve		
<118>	Provide an explanation of network improvement targets not met		

(200) Service Outage Reporting (Voice)	** **	25	¥.	4 %	FCC Form 481		
Data Collection Form	*			280 th	OMB Control No. 3060-0988	S/OMB Control No. 30	060-0819
THE \$ ## K A	* * * * *	•	*	* 5	July 2013	8.4	

<010>	Study Area Code	249009
<015>	Study Area Name	Budget PrePay, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprpay.com

<220>

	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d>></d>	<e></e>	<f></f>	<g></g>	<h>></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date		Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
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(700) Prio	ce Offerings including Voice Rate Data; ection Form		້ FCC Form 481 OMB Control No. 3060 0986/ບັ້ນ B Control No. 3060 08 19 July 2013
<010>	Study Area Code	249009	
<015>	Study Area Name	Budget PrePay, Inc.	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprpay.com	
<701>	Residential Local Service Charge Effective Date 1/1/2015		
<702>	Single State-wide Residential Local Service Charge		

	<81>	. <a2></a2>	<a3></a3>	<b1> ,,</b1>	<b2></b2>	, <b3>*</b3>	<b4></b4>	<bs></bs> * <bs></bs> **	, **C>, +- ,
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
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(710) Broadband Price Offerings	± € €	8 4	FCC Form 481
Data Gollection Form			OMB Control No. 3060-0986/OMB, Control No. 3060-0819
*	n wystodiospi bom "Agas sasami	*** 0	Jůly 2013 🚜 🛴 🤏 🤏 🔩 🖎

<010>	Study Area Code	249009
<015>	Study Area Name	Budget PrePay, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprpay.com

<711>

. <al>.</al>	* <a2></a2>	<b1></b1>	<b2></b2>	. * . <c></c>	* <d1></d1>	<d2>⁵</d2>	<d3>*** **</d3>	<d4>*</d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Umit Reached (select)
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	erating Companies lection Form	Note as a subsection of the su	s seem ne con See	\$ 1 489 F	· ·	FCC Form 481 OMB Control No. 3060-0986 (QMB Control No. 3060-08
010>	Study Area Code		249009		 	
015>	Study Area Name		Budget PrePay	. Inc.		
020>	Program Year	·	2016			
:030>	Contact Name - Person	USAC should contact regarding this data	Lakisha Taylo	or		
:035>	Contact Telephone Num	nber - Number of person identified in data line <030>	3186715000 ex	it.		
039>	Contact Email Address -	Email Address of person identified in data line <030>	lakishat@bud	getprpay.com		
810>	Reporting Carrier	Budget Prepay, Inc. d/b/a Budget Phone				
811>	Holding Company	Not Applicable				
812>	Operating Company	n/a				
813>		<a>i	4 11 19	<a2></a2>	*	, (a3>, %)
		Affiliates		SAC	ı	oing Business As Company or Brand Designation
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	al Lands Reporting	\$40 ***		*FCC Form 481	3060-0986/OMBicontroliNo	2000 0010
~ eng .	ection Form		*		ร์กิคก-กล่งใช้งักเผยเดือนเผดแหล้	
. kr. #2		* * **	\$ *	* July 2015,	**	. = -/-
<010>	Study Area Code	249009				
<015>	Study Area Name	Budget PrePay, I	Inc.			
<020>	Program Year	2016				
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor				
<035>	Contact Telephone Number - Number of person identified in data line <					
<039>	Contact Email Address - Email Address of person identified in data line	:030> lakishat@budget	prpay.com		•	
<910>	Tribal Land(s) on which ETC Serves					
<920>	Tribal Government Engagement Obligation		Name of Attach	ed Document		
If your o	ompany serves Tribal·lands, please select (Yes,No, NA) for each these boxes					
	m the status described on the attached document(s), on line 920,					
	trates coordination with the Tribal government pursuant to	Select				
	(a)(9) includes:	Yes or No or				
•		Not Applicable				
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.					
<922>	Feasibility and sustainability planning;					
<923>	Marketing services in a culturally sensitive manner;					
<924>	Compliance with Rights of way processes					
<925>	Compliance with Land Use permitting requirements					
<926>	Compliance with Facilities Siting rules					
<927>	Compliance with Environmental Review processes	-				
<928>	Compliance with Cultural Preservation review processes					
<929>	Compliance with Tribal Business and Licensing requirements.					
1727	compliance Hour sounded and according requirements.					

	o Terrestrial Backhaul Reporting	*	FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/0MB Control No. 3060-0819
£	de _{sel} de, n =	a 14 144	July 2013'
<010>	Study Area Code	249009	
<015>	Study Area Name	Budget PrePay, Inc.	
<020>	Program Year ·	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprpay.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	а	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	S kbps	
	· · · · · · · · · · · · · · · · · · ·		
	∴		

(1200) Terms and Cond Lifeline Data Collection Form	tion for Lifeline Customers	F ₅	* ************************************	* **	EGC Form 481 ÖMB Control No. July 2013	3060-0986/@MB·¢ojitroJ,Nb/ 3060-0819
<010> Study Area Co	de		249009			
<015> Study Area Na			Budget PrePay, Inc			
<020> Program Year			2016	··		
	- Person USAC should contact regarding this data		Lakisha Taylor			
	hone Number - Number of person identified in data li	ne <030>	3186715000 ext.			
	Address - Email Address of person identified in data i		lakishat@budgetprp	av.com		
<1210> Terms & Cond	itions of Voice Telephony Lifeline Plans				Name of Attached Doo	cument
<1220> Link to Public	Website	HTTP fi	reebudgetphone.com			
or the website listed, on ling \$54.422(a)(2) annual reports <1221> Information of telephony services <1222> Details on the	below to confirm that the attached document(s), on line 1 ne 1220, contains the required information pursuant to orting for ETCs receiving low-income support, carriers must escribing the terms and conditions of any voice vice plans offered to Lifeline subscribers, number of minutes provided as part of the plan, rges for toll calls, and rates for each such plan.					

(2000) Pi	ice Cap Carrier Additional Documentation	**	*	্ব	FCG Form 481	*
	ection Form.		ue.		OMB Control No. 3060-09	86/OMB Control No. 3060-0819
	Rate-of-Return Corriers affiliated with Price Cap Local Exchange Carriers		A.	ya.	July 2013	
<u> </u>						
<010>	Study Area Code					
<015>	Study Area Name	249009				
<020>	Program Year	Budget PrePay, Inc.	*			
<030>	Contact Name - Person USAC should contact regarding this data	2016				
<035>	Contact Telephone Number - Number of person identified in data line <030>	Lakisha Taylor	-			
<039>	Contact Email Address - Email Address of person identified in data line <030>	3186715000 ext.				
		lakishat@budgetprpay.	COM			
THE PERSON NAMED IN	Sind B. Skinge D. Dynama in the Common or information and injuried stages and injuried and the stage of the second	en e		DECEMBER OF THE SECRET WAY SECRET ON THE PROPERTY OF THE SECRET OF		
	e appropriate responses below (Yes, No, Not Applicable) to note compliance as					to offset access charge reductions, and
Connect	America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform	nation reported on this form	n and in the documents	attached below is accur	rate.	
	Incremental Connect America Phase I reporting			 1		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1)i)					
<2011a	> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)					
<2011b	Attachment (47 CFR § 54.313(b)(1)ii)		1			
-20220	Actoristicate (47 cl it 3 34.315(b)(1/ii)					
	•		Name of Attached Doc	rment(s) Listing Required Info	ormation	
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))					
<2012						
<2013:	· · · · · · · · · · · · · · · · · · ·					
<2014	***		 			
<2015			=		1	
			L		l	
-2016	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))					
<2016	Certification Support Used to Build Broadband		<u> </u>			
	Connect America Phase II Reporting (47 CFR § 54.313(e))					
<2017:	Sid year broadband Scrince Cerementon					
<2018	Still felli broadband Scrince Certification		<u> </u>			
<2019	man in the grade determination		<u> </u>			
<2020	 Please check the box to confirm that the attached document(s), on lir pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s 	e 2021, contains the requ	ired information			
	addresses of community anchor institutions to which began providing				•	
	preceding calendar year.	access to broadband ser	vice in the			
	k. account and Leave					
<2021	Interim Progress Community Anchor Institutions		1		1	
					1	
			Name of Alla	ched Document(s) Listing Req	ulred Information	
			Name of Atta	rusa nocamentist risting ked	juneu unorniauon	

3000) Ra	ite Of Return Carrier, Additional Documentation	g · · · · · · ·	FCC Form 481
ata Coll	éction torm		OM္ခ်ဳိန္ Control No. 3060-0986/OMB Control No. 3060-0819
266	5 x2 c	*	July 2013
<010>	Study Area Code	249009	
(015>	Study Area Name	Budget PrePay, Inc.	
:020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor	
<035>	Contact Telephone Number - Number of person identified in data line <030	3186715000 ext,	
<039>	Contact Email Address - Email Address of person identified in data line <030		riers, ensuring compliance with the financial reporting requirements set forth in 4
cn t		at the information reported on this form and in the do	
(3010)	Progress Report on 5 Year Plan		
ʻantol	Milestone Certification (47 CFR § 54.313(f)(1)(i))		
		Name of Attached Document Listing Ro	equired Information
	Please check this box to confirm that the attached document(s), on li		
	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and a providing access to broadband service in the preceding calendar year	ddresses of community anchor institutions to which	
toos at	Community Anchor Institutions IAT CED & EA 212/8/11/11/11		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))		•
		Name of Attached Document Listing Required Inf	ormation
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		(Yes/No)
	If yes, does your company file the RUS annual report		(Yes/No)
Please	check these boxes to confirm that the attached document(s), on line 3	3017, contains the required information pursuant to	o § 54.313(t)(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for		<u> </u>
	Telecommunications Borrowers)		D==-4
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	
(3017)	If the response is yes on line 3014, attach your company's RUS annual	1	
	report and all required documentation		
		Name of Attached Document Listing Required In	formation
(2040)	15ab	Haring of Petropica Datament Learning frequence in	(Yes/No) IOIO
(3018)	If the response is no on line 3014, is your company audited?		(les/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(2010)			
(3019)	Either a copy of their audited financial statement; or (2) a financial report is	n a format comparable to RUS Operating Report for Tele	communications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement	of Cash Flows	
(3021)	• • •		nanalal audit
(3021)	Management letter and audit opinion issued by the Independent certifie	eo poole: accountant mat penormeu me company's m	mancial audit
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
	Contains:		
			_
(3022)	Copy of their financial statement which has been subject to review by an		
	Independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
	Borrowers.		
(2022)	Underlying information subjected to a review by an independent certified		
2023	public accountant		
(3024)	164		;
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of	of Cash Flows	
(3026)	Attach the worksheet listing required information		
		1	
		Name of Attached Document Listing Required Inf	a smalla n

(3000) Rate Of Return Carger Additional Documentation (Continued)		FCC Form 481	2	***			
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0				
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<010> Study Area Code	249009						
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<035> Contact Telephone Number - Number of person identified in data line <030>	Lakisha Taylor 3186715000 ext.						
<039> Contact Email Address - Email Address of person identified in data line <030>							
	Takishatebudgetbi bay ton		AND MANUFACTURES THE PROPERTY OF THE PARTY O				
Financial Data Summary		٦					
(3027) Revenue		_					
(3028) Operating Expenses		_					
(3029) Net Income]					
(3030) Telephone Plant In Service(TPIS)]					
(3031) Total Assets		1					
(3032) Total Debt		1					

(3033) Total Equity (3034) Dividends

Certifica Data Col	tion * Reporting Carrier * * * * * * * * * * * * * * * * * * *	
<010>	Study Area Code	249009
<015>	Study Area Name	Budget PrePay, Inc.
<020>	Program Year	2016
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<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakichat@hudgetormay.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to	e Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients
certify that I am an officer of the reporting carrier; my res reciplents; and, to the best of my knowledge, the informati	nsibilities include ensuring the accuracy of the annual reporting requirements for universal service support reported on this form and in any attachments is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form ca	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonme under Title 18 of the United States Code, 18 U.S.C. § 1001.

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Data Colle	on-Agent/Carrier	FCC Form 481° OMB Control No. 3060-098670MB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprpay.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) <u>RObin Enkey</u> also certify that I am an officer of the reporting carrier; my respon agent; and, to the best of my knowledge, the reports and data pro	is authorized to submit the information reported on behalf of the reporting carrier ibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized ided to the authorized agent is accurate.
Name of Authorized Agent: Robin Enkey	
Name of Reporting Carrier: Budget PrePay, Inc.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/24/2015
Printed name of Authorized Officer: David Donahue	
Title or position of Authorized Officer: CFO	
Telephone number of Authorized Officer: 3186715000 ext.	
Study Area Code of Reporting Carrier: 249009	Filing Due Date for this form: 07/01/2015

TO BE COMPLETED BY THE AUTHORIZED AGENT:

. ..

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients of	on Rehalf of Reporting Carrier
Collination of Agent Authorized to the Annual Reports to the Collins of	
l, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recip the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information re	
Name of Reporting Carrier: Budget PrePay, Inc.	
Name of Authorized Agent or Employee of Agent: Robin Enkey	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/24/2015
Printed name of Authorized Agent or Employee of Agent: Robin Enkey	
Title or position of Authorized Agent or Employee of Agent CFO	
Telephone number of Authorized Agent or Employee of Agent: 3186715000 ext.	
Study Area Code of Reporting Carrier: 249009 Filing Due Date for this form: 07/01/2015	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 18 of the United States Code, 18 U.S.C. § 1001.	47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(800) Operating Companies		8.	ý				¥ ¶	×	FCO Form 481	4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
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<010> Study Area Code						249009				

<010>	Study Area Code		249009
<015>	Study Area Name		Budget PrePay, Inc.
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Numb	er - Number of person identified in data line <030>	3186715000 ext.
<039>	Contact Email Address - Er	mail Address of person identified in data line <030>	lakishat@budgetprpay.com
<810>	Reporting Carrier	Budget Prepay, Inc. d/b/a Budget Phone	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	n/a	

<813>	<a1> ************************************</a1>	<a2></a2>	€ <u>« °°</u> « « « « « « « « « « « « « « « « «
	Affiliates	SAC	Doing Business As Company or Brand Designation
	Budget PrePay, Inc.	249017	Budget Mobile
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Budget PrePay, Inc.

<u>Line 510 – Compliance with Service Quality Standards and</u> <u>Consumer Protection</u>

Budget PrePay, Inc. ("Budget") hereby certifies that it has reviewed and complies with applicable service quality and consumer protection practices, and that it is in compliance with all applicable state requirements in connection with its provision of wireline (if applicable) and wireless voice services. Among other things, Budget:

- Complies with the service standards promulgated by the State of South Carolina.
- Discloses rates and terms of its voice services to customers.
- Provides current terms and conditions to customers and confirms changes in voice service.
- Separately identifies carrier charges from taxes on billing statements and purchase receipts.
- Provides ready access to customer service.
- Promptly responds to consumer inquiries and complaints received from federal and state government agencies.
- Abides by CPNI rules and other rules for the protection of consumer privacy.
- Makes available maps showing the local calling area on point of sale materials and website.
- Provides specific disclosures in advertising if applicable.
- Provides customers the right to terminate voice service

Line 610 – Functionality in Emergency Situations

Section 54.202(a)(2) of the Commission's Rules requires that each eligible telecommunications carrier ("ETC") must "[d]emonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations." Section 54.313(a)(6) requires ETCs to certify that they are "able to function in emergency situations as set forth in §54.202(a)(2)" in connection with their provision of voice and broadband services.

Budget PrePay, Inc. d/b/a Budget Phone and d/b/a Budget Mobile has deployed [resells the services of underlying carriers that have deployed] sufficient power generators to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

Budget PrePay Inc. has geographically located its switching infrastructure. All facilities are equipped with both AC and DC battery backup as well as generators. All critical equipment is also supplied with 2 separate power sources (or primary and redundant power feeds).

Budget PrePay maintains multiple paths to reach our network. This is setup by using multiple IP transit providers for all IP connectivity and an N+1 configuration on all TDM connectivity.

Once the origination traffic reaches the Budget PrePay network all elements are setup with the same N+1 configuration. The configuration allows each element a primary and redundant path to terminate the traffic without service interruption. In the event the main element fails or that

¹ 47 C.F.R. § 54.202(a).

² 47 C.F.R. § 54.313(a)(6).

element reaches maximum capacity Budget has designed the network to advance the traffic to 1 of 3 other elements in the same N+1 configuration that is listed above.

The switching infrastructure will advance to the next termination carrier in route in the event of a failure on any termination carrier's route.

Alton Brown

From:

Alton Brown [abrown@tminc.com]

Sent:

Monday, June 29, 2015 1:17 PM

To:

'imcdanie@regstaff.sc.gov'

Cc:

'cneeld@tminc.com'

Subject:

Budget PrePay, Inc. - SC Copy of FCC Form 481 - Carrier Annual Reporting - for the month

ending July 31, 2015

Attachments:

249009sc510.pdf; Budget SC 249009.pdf; Budget 610.pdf

Importance:

High

Dear Sir or Madam:

Attached please find the SC Copy of FCC Form 481 - Carrier Annual Reporting(Low Income) for the month ending July 31, 2015, filed on behalf of Budget PrePay, Inc..

If you have any questions please contact Craig Neeld at 407-740-8575.

Thank you,

Alton Brown

Compliance Reporting Associate abrown@tminc.com
407-659-8744 Direct
407-740-8575 Office
407-740-0613 Fax

Technologies Management, Inc. 2600 Maitland Center Parkway Suite 300 Maitland, FL 32751

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